

FEB 29 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Scott Co
 Township Pickland
 City (No.)

Registration District No. Primary Registration District No. 6040File No. 4535Registered No. St. Ward 2. FULL NAME DAVID SILAS COMBS JR.(a) Residence, No.

(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-4-1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

227

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) Lexington Mo.
(STATE OR COUNTRY)

FATHER

13. NAME DAVID S COMBS14. BIRTHPLACE (CITY OR TOWN) SCOTT CO Mo.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME ANNA LOS AINSUP16. BIRTHPLACE (CITY OR TOWN) SCOTT CO Mo.
(STATE OR COUNTRY)17. INFORMANT JH COMBS
(ADDRESS) SINASTON.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CorporationDATE 2-1-3719. UNDERTAKER W. A. Dempster
(ADDRESS) 20. FILED 2-8

1937

W. H. Parnell

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31/37, 193722. I HEREBY CERTIFY, That I attended deceased from 1-15, 1937, to 1-30, 1937.I last saw him alive on 1-30, 1937. Death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Branchial PneumoniaDate of onset Other contributory causes of importance: 107Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19 Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. H. Parnell

, M. D.

(Address)

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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Scott
Township Pickland
City (No.)

Registration District No. 821
Primary Registration District No. 6070

File No. 4585-
Registered No.
St. Ward

2. FULL NAME

David Silas Combs

(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 4-13 1937 B. H. Oresnell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19 , 19

I last saw him alive on 19 , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset

Complications

Other contributory causes of importance:

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Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. F. Waters, M. D.

(Address) Pickland Mo

58-54-S